

Mail completed application to:
VDACS
Office of Charitable &
Regulatory Programs
Post Office Box 526
Richmond, VA 23218



FORM 801

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE & REGULATORY PROGRAMS
HOME SERVICE CONTRACT PROVIDER REGISTRATION APPLICATION

GENERAL INSTRUCTIONS

- A. Use this application to register as a Home Service Contract Provider.
- B. Complete this application in its entirety. If a response field or question is not applicable, please indicate "N/A".
- C. Please print legibly in black ink or type all responses.
- D. If necessary, please attach relevant documents and/or explanation sheets. In doing so, please identify the corresponding question on each document/sheet.
- E. Ensure the application is dated and signed by an authorized individual of the applicant.
- F. Enclose a \$300 application fee payable to: **Treasurer of Virginia**.
- G. If applicable, any provider that fails to register prior to the sale of a home service contract shall pay a late filing fee of \$100 for each 30-day period, or portion thereof, that the registration is late.
- H. You must submit this completed application, application fee, and, if applicable, all relevant documents, explanation sheets, and/or late filing fee to the mailing address above.
- I. Complete either section 4 or section 5 of the application. Applicant is not required to complete both sections.

SECTION 1
APPLICANT INFORMATION

Full Corporate Name of Entity or Full Legal Name If Sole Proprietorship

Doing Business As/Trading As Name

Physical Address

City

State

Zip Code

Country

Telephone Number, including area code
()

Fax Number, including area code
()

Website Address

Mailing Address (if different from physical address)

City

State

Zip Code

Country

SECTION 2
PRIMARY CONTACT INFORMATION

Primary Contact Person

Title

Physical Address

City

State

Zip Code

Country

Telephone Number, including area code
()

Email Address

SECTION 3 FEDERAL & STATE REGISTRATION INFORMATION			
3-1.	Type of Applicant's Business Entity (check one)	<input type="checkbox"/> Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Holding Company
3-2.	Federal Employer Identification Number or Social Security Number (if a sole proprietorship)		
3-3.	Is the applicant in 'good standing' with the state of its incorporation or organization? If <u>yes</u> , please attach a copy of the certificate of good standing. If <u>no</u> , please attach an explanation sheet detailing the reason.		<input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No - explanation sheet included <input type="checkbox"/> N/A
3-4.	If the applicant is not incorporated or organized under Virginia law, is it registered with the Virginia State Corporation Commission indicating its qualification to do business in Virginia?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3-5.	If the applicant is not incorporated, organized or registered under Virginia law, please attach an explanation sheet identifying the law under which it is organized and stating whether it is qualified to do business in Virginia.		<input type="checkbox"/> Explanation sheet included <input type="checkbox"/> N/A
3-6.	Identify the applicant's registered agent in Virginia:		
	Name of Registered Agent		
	Mailing Address		
	City	State	Zip Code
	Telephone Number, including area code ()	Fax Number, including area code ()	
3-7.	Is the applicant in 'good standing' with the Virginia Department of Taxation with any and all tax obligations owed to Virginia?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3-8.	Please provide all aliases/business names used by the applicant to conduct business, provide approximate time periods during which the aliases/business names were used by the applicant and if applicable, the state of incorporation.		
	Name	Time Period (month, year)	State of Incorporation
	Name	Time Period (month, year)	State of Incorporation
	Name	Time Period (month, year)	State of Incorporation
3-9.	Please provide a list of the owners of the applicant <u>and</u> the nature of the applicant's business.		<input type="checkbox"/> Attachment included

SECTION 4 BOND, LETTER OF CREDIT & FUNDED RESERVE INFORMATION	
Complete this section if the applicant is providing information on its bond or letter of credit and its funded reserve. Completion of section 4 is not required if applicant completes section 5.	
4-1.	Is the applicant's bond with a corporate surety from a company authorized to transact business in the Commonwealth; or a letter of credit from a bank insured by the Federal Deposit Insurance Corporation (FDIC)?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
4-2.	What is the total amount of unexpired home service contracts?
	\$ _____

<p>4-3. Is the total amount of unexpired home service contracts consistent with the amount of the bond or letter of credit required in the chart below?</p> <table border="0"> <thead> <tr> <th style="text-align: center;">Total Amount of Unexpired Home Service Contracts</th> <th style="text-align: center;">Required Amount of Bond or Letter of Credit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$50,000 or less</td> <td style="text-align: center;">\$10,000</td> </tr> <tr> <td style="text-align: center;">\$50,001 to 300,000</td> <td style="text-align: center;">\$50,000</td> </tr> <tr> <td style="text-align: center;">\$300,001 to \$750,000</td> <td style="text-align: center;">\$75,000</td> </tr> <tr> <td style="text-align: center;">\$750,001 or more</td> <td style="text-align: center;">\$100,000</td> </tr> </tbody> </table>	Total Amount of Unexpired Home Service Contracts	Required Amount of Bond or Letter of Credit	\$50,000 or less	\$10,000	\$50,001 to 300,000	\$50,000	\$300,001 to \$750,000	\$75,000	\$750,001 or more	\$100,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Amount of Unexpired Home Service Contracts	Required Amount of Bond or Letter of Credit										
\$50,000 or less	\$10,000										
\$50,001 to 300,000	\$50,000										
\$300,001 to \$750,000	\$75,000										
\$750,001 or more	\$100,000										
<p>4-4. Is the bond or letter of credit attached to the application and in favor of the Commonwealth of Virginia?</p>	<input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No										
<p>4-5. Does the applicant maintain a funded reserve account for its obligations under its home service contracts issued and outstanding in Virginia?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<p>4-6. Is the funded reserve, as maintained by the applicant, not less than 40% of the gross consideration received, less claims paid, on the sale of the home service contract for all in-force home service contracts sold in Virginia?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No										

<p style="text-align: center;">SECTION 5 LIABILITY INSURANCE POLICY INFORMATION</p>	
<p>Complete this section if the applicant is providing information on its liability insurance policy. Completion of section 5 is not required if applicant completes section 4.</p>	
<p>5-1. Is the liability insurance policy issued by an insurer authorized to transact business in Virginia?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5-2. Does the liability insurance policy cover 100% of the provider's home service contract liabilities, including the administration of claims and the cost for such administration?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5-3. Attach a copy of the applicant's liability insurance policy, which cover the home service contracts in effect.</p>	<input type="checkbox"/> Attachment included

<p style="text-align: center;">SECTION 6 FINANCIAL INFORMATION</p>	
<p>6-1. Attach a copy of the applicant's audited financial statement.</p>	<input type="checkbox"/> Attachment included

<p style="text-align: center;">SECTION 7 LICENSE, PERMIT OR REGISTRATION INFORMATION</p>	
<p>7-1. Does the applicant possess a home service contract provider license, permit, or registration issued by a licensing authority in another state, territory or jurisdiction? If <u>yes</u>, please attach a list including the type of license, the licensing authority, the license number, and the name and telephone number of the appropriate contact person at the issuing authority.</p>	<input type="checkbox"/> Yes - attachment included <input type="checkbox"/> No
<p>7-2. Has the applicant ever had a home service contract provider license, permit, or registration denied, limited, restricted, not renewed, revoked, suspended, or subject to an administrative proceeding? If <u>yes</u>, please attach an explanation sheet detailing the facts and circumstances concerning the matter, including the name of the licensing authority, the date of each action taken and the reason for the action.</p>	<input type="checkbox"/> Yes - explanation sheet included <input type="checkbox"/> No

7-3. Did the applicant begin selling home service contracts in Virginia prior to submitting this application? If yes, please attach an explanation sheet disclosing the date the applicant began selling home service contracts in Virginia.

☐ Yes - explanation sheet included
☐ No

DISCLAIMERS AND AFFIDAVITS

By completing this section and affixing my signature, I hereby state that I am authorized to sign this application on behalf of the applicant, and, to the best of my knowledge, information and belief, there has been no misrepresentation or failure to disclose. I am aware that later discovery of an omission or misrepresentation made in this application, or made on any statement, document, or information may be grounds for denial of the applicant's application or revocation of the applicant's registration, or subject the applicant or personnel to criminal penalties in the Commonwealth of Virginia.

I agree that I will notify the Office of Charitable and Regulatory Programs (OCRP) of any circumstance that necessitates amending any response provided in this application.

I agree that I will abide by the laws and regulations governing home service contracts in the Commonwealth of Virginia.

If a bond or letter of credit is on file with OCRP, I understand that changes in the total amount of unexpired home service contracts may warrant a change in the amount of the bond or letter of credit on file and as such, I will promptly update the bond or letter of credit information with OCRP in accordance with § 59.1-434.3 of the *Code of Virginia*.

If a liability insurance policy is on file with OCRP, I understand that I may not cancel this policy or the issuer of the policy may not cancel this policy without providing a minimum 60 days notice to OCRP of the cancellation. I further understand that if the policy is cancelled, I must provide a new policy, bond, or letter of credit to OCRP prior to the effective date of the policy cancellation.

Signature

Date

Print Name

Title

AUTHORITY TO RELEASE INFORMATION FORM

I, _____ authorize and grant my consent to permit any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified official from the Virginia Department of Agriculture and Consumer Services.

This information is for the express purpose of determining my eligibility to register as a home service contract provider issued under the authority of the Home Service Contract Providers Statutes.

Full Corporate Name of Entity or Full Legal Name If Sole Proprietorship

Doing Business As/Trading As Name

Signature

Title

Date

NOTARY STATEMENT

Sworn and subscribed before me this _____ day of _____, 20____ in the (county / city) _____ in the state of _____.

Notary's Signature

Notary's Printed Name

Notary's Commission Number

Notary's Commission Expiration Date